

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32881**

FILED NOV 15 1950

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **345**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 23 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1131A Broadway		d. STREET ADDRESS (If rural, give location) 1131A Broadway			

3. NAME OF DECEASED (Type or Print) THOMAS F. NEARY			4. DATE OF DEATH (Month) (Day) (Year) November 6, 1950					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 12	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (State or foreign country) Randolph, Massachusetts		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ethel D. Neary
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-05-6656	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel D. Neary	ADDRESS Cape Gir., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
	DUE TO (c) Hernia, inguinal, Rt		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hernia, inguinal, Rt		4 1/2 mo	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/3**, 19**50**, to **11/6**, 1950, that I last saw the deceased alive on **11/5/50**, 19**50**, and that death occurred at **1:50am.**, from the causes and on the date stated above.

23a. SIGNATURE John Crowe	(Degree or title) md.	23b. ADDRESS Cape Girardeau, Mo	23c. DATE SIGNED 11/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8, 1950	24c. NAME OF CEMETERY OR CREMATORY Lorimer Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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DATE REC'D BY LOCAL REG. 11-6-1950	REGISTRAR'S SIGNATURE C. C. Summers	440	25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home	ADDRESS Cape Gir.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

164

FEB 15 1951

RECEIVED

NOV 13 1950

DISTRICT HEALTH OFFICE No. C

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William Lee Jones*

Licensed Embalmer No. *4410*

P. O. Address *Cape Fear*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.